

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24902

State File No.

FILED AUG 10 1955

BIRTH NO. REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1680**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warson Woods		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warson Woods	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1430 Andrew Drive		d. STREET ADDRESS (If rural, give location) 1430 Andrew Drive	

3. NAME OF DECEASED (Type or Print) a. (First) C. b. (Middle) EUGENE c. (Last) REID	4. DATE OF DEATH (Month) (Day) (Year) July 21, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 20, 1898	9. AGE (In years last birthday) 55 if UNDER 1 YEAR Months 1 Days 1 if UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Manager	10b. KIND OF BUSINESS OR INDUSTRY Westinghouse Elect.	11. BIRTHPLACE (State or foreign country) Columbus, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME C. Eugene Reid	13b. MOTHER'S MAIDEN NAME Janie Owen	14. NAME OF HUSBAND OR WIFE Mary Reid
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or dates of service) W. W. I	16. SOCIAL SECURITY NO. 489-07-4394	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Reid, 1430 Andrew Dr. Warson Wood	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia (Lymphatic) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Polycythemia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8 yrs. 18 yrs.
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <input type="radio"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 10, 1955**, to **July 21, 1955**, that I last saw the deceased alive on **July 28, 1955** and that death occurred at **9:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE F R Bradley (Degree or title) MD	23b. ADDRESS Barnes Hosp. St. Louis	23c. DATE SIGNED 7/22/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/23/55	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Park	24d. LOCATION (City, town, or county) (State) Dallas, Texas
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DATE REC'D BY LOCAL REG. 7/22/55	REGISTRAR'S SIGNATURE Hubert R. Donike M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc.	ADDRESS Kirkwood Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

Felix Hurand

Licensed Embalmer No. *3034*

P. O. Address *Antwood 22*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

[Handwritten signatures and marks]